

Summary of Benefits Report for Colorado, Medicaid

InsureKidsNow.gov

Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	up to 4 x year	Ages 0-20, 2x/year; High Risk Ages 0-20, 4x year.
Fluoride treatments (including fluoride varnishes)	Yes	up to 4 x year	Ages 0-4, 2x year; , ages 5-20, 3x/year; Ages 0-4 High Risk 4x year
Sealants (list any tooth-specific limits)	Yes	2 x year	Ages 5-15; per permanent molar, occlusal face, per tooth.
Space maintainers	Yes	2 x year	Ages 0-14; 2x per lifetime per patient per quadrant

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes	up to 4 x year	Ages 3-4, 2x/year; Ages 5-20, 3x year; High Risk, Ages 3-4, 4x year.	
Dental examinations	Yes	1 x every 3 years	Ages 0-20 per Provider or Location	The earlier of: 1 year old or when the first tooth erupts.
Assessment of risk for tooth decay	No			

X-Rays

Bitewing	Yes	1 x year	Ages 2-20, per provider OR location	
Full Mouth	Yes	1 x every 5 years	Ages 6-20, per provider OR location	
Panoramic	Yes	1 x every 3 years	Ages 6-20, per provider OR location	

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	No			

Fillings

Silver amalgam	Yes		1x /3 years per surface per tooth	
Tooth colored composite	Yes		1x /3 years per surface per tooth	

Crowns/tooth caps

Stainless steel crowns	Yes		1x/36 months; ages 0-20	
Metal (only) crowns	Yes - only with prior authorization		1x/84 months, ages 16-20.	
Metal/porcelain crowns	Yes - only with prior authorization		1x/84 months, ages 16-20.	
Porcelain (only) crowns	Yes - only with prior authorization		1x/84 months, ages 16-20.	

Root Canals (endodontics)

Root canals on baby teeth (pulpotomies)	Yes		Once/lifetime/tooth	
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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Root canals on permanent teeth	Yes		Once/lifetime/tooth; third molars are not covered	
Gum (periodontal) therapy	Yes		2x/year; High Risk, 4x/year.	
Dentures				
Partial dentures	Yes - only with prior authorization		Ages 0-20; 1x/5 years	
Complete dentures	Yes - only with prior authorization		Ages 0-20; 1x/5 years	
Bridges	Yes - only with prior authorization		Ages 0-20; 1x/84 months	
Orthodontics*				
Retainers (orthodontic)	Yes		1x/lifetime	
Braces	Yes - only with prior authorization		Cosmetic not covered	
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	No			
Cancer treatment	Yes		Excision of lesion	
Treatment of fractures	Yes			
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)	No			
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	Yes			
Anesthesia				
General anesthesia	Yes			
Intravenous conscious sedation	Yes			
Non-intravenous conscious sedation	Yes			
Analgesia (nitrous oxide)	Yes			

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).